



Central Florida Ryan White CARE Act 2005 Needs Assessment: Title I and Title II

Provider Survey

Summary

This report presents the findings of the 2005 Ryan White Provider Survey. The provider survey is a component of the collaborative Ryan White Title I and Title II combined comprehensive planning process for 2005. All providers of HIV/AIDS services under both Titles participated in the completion of this survey. The results are intended to be incorporated into the needs assessment, data presentations and comprehensive plan.

There are four distinct purposes of this survey -- an inventory of Ryan White providers' current capacity and capability to deliver needed services; a survey of perceived barriers to providing services in the Orlando EMA and Area 7; an assessment of the training needed to build service capacity within the system; and a focused set of questions on case management services.

Survey Design

A twenty-question survey was developed and administered to Ryan White Title I and Title II providers during the month of April 2005 as a component of the annual needs assessment and of the comprehensive plan. The survey instrument was developed in English only. A copy of the instrument is attached as Appendix A.

Surveys were mailed to 21 Ryan White agencies in five counties and returned to the Health Council of East Central Florida by mail or by fax within two weeks. 100% of provider surveys were returned.

Provider Capacity and Capability

The profile of provider capacity and capability identifies the extent to which needed services are accessible, available and appropriate for people living with HIV and AIDS in the Orlando EMA and Area 7.

County Profile

Table 1 shows the representation of Title I and Title II providers by county. The majority (81%) of agencies provide services in Orange County.

Table 1

<i>County Profile</i>	%
Brevard	42.9%
Lake	61.9%
Orange	81.0%
Osceola	66.7%
Seminole	76.2%
Other	14.3%

Three providers also serve consumers from Volusia, St. Lucie and Polk counties.

Provider Profiles

Table 2 shows the percent of agencies that provide HIV/AIDS services exclusively. 40% of the responding agencies provide HIV/AIDS services only. 60% provide HIV/AIDS services as a component of a larger services program.

Table 2

<i>HIV Services only?</i>	%
Yes	40.0%
No	60.0%

Table 3 shows the experience level of Ryan White providers. 70% of the respondents have been providing HIV related services for over ten years.

Table 3

<i>Years of HIV related services</i>	%
< 1 year	5.0%
1 - 4 years	15.0%
5 - 9 years	10.0%
10 years or more	70.0%

Services Provided

Of the 21 providers who responded to the survey, 20 appropriately answered the service category question. Table 4 displays the percent distribution of services provided directly to PLWH/A by the responding agencies.

Table 4

<i>Services Provided</i>	%
Education about HIV	70.0%
Case management	50.0%
Psychosocial support	50.0%
Medications and/or co-payments	45.0%
Housing assistance	40.0%
Outpatient medical care	35.0%
Food services	35.0%
Transportation	30.0%
Mental health services	30.0%
Nutritional counseling	30.0%
Dental/ oral health	20.0%
Substance abuse treatment	15.0%
Health insurance continuation	15.0%
Financial and/or job assistance	15.0%
Legal support	10.0%
Child/ family support	5.0%
Home health care	5.0%
Supplemental/complementary medical services	0.0%
Other(s)	30.0%

In the 'Other' category, 7 respondents reported providing additional services to HIV/AIDS consumers in the following areas:

- HIV counseling
- HIV testing
- Outreach
- Family planning
- Referral resources
- Buddy/companion services
- Nutritional supplements
- Clothing
- Special events

Accessibility

90% of the respondents offer walk-in service or same-day appointments; 45% report offering evening or weekend hours; and 35% offer 24-hour coverage.

Of those reporting other accessibility options, one provider offers satellite clinics, one has a drop-in center, and the staff of one agency offers the flexibility of meeting with PLWH/A whenever and wherever the consumer can meet.

Table 5

<i>Accessibility</i>	%
Walk-in service/ Same-day appointments	90.0%
Weekend/ evening hours	45.0%
24-hour coverage	35.0%
Home-based medical services	15.0%
Other	20.0%

Targeted Populations

Table 6 shows the percentage of providers who target specific populations for service. Ten (50%) of the respondents target a particular population for their services. The targeted populations are listed by percent of responding agencies offering the targeted services:

Table 6

<i>Targeted populations</i>	%
HIV substance abusers	30.0%
Women, children & youth	20.0%
Minorities	20.0%
Homeless	20.0%
Incarcerated/Parolees	20.0%
Women of color	10.0%
Creole-speaking	10.0%
Recuperative care	10.0%

Cultural Diversity

90% of providers serve the needs of culturally diverse PLWH/A by hiring staff of diverse cultures. Nearly 68% of providers offer basic diversity or cultural competency training to

their staff, and nearly 43% make referrals to or have collaborative partnerships with culturally specific organizations. Three agencies offer focused diversity training in the following areas: Racism and prejudice, Hispanic and Creole culture, and Migrant Workers.

Table 7

<i>Cultural Diversity</i>	%
<i>How:</i>	
Diverse Staff	90.5%
Diverse peer counselors	57.1%
Basic Diversity Training	66.7%
Focused Training	28.6%
Collaborative partnerships	42.9%

Language Services

80% of the respondents meet the needs of their clients who do not speak English by hiring multi-lingual staff. 70% of the responding agencies ensure that translators/interpreters are available when needed.

Table 8

<i>Language Service Needs</i>	%
<i>How Met:</i>	
Multi-lingual staff	80.0%
Translators/ interpreters	70.0%
Translated patient materials	55.0%
Other	0.0%

Eight (38%) of the providers reported encountering problems serving the needs of consumers who speak the following languages:

Table 9

<i>Languages Inadequately Serviced</i>	%
Creole	62.5%
Spanish	37.5%
Russian	12.5%
Polish	12.5%
French	12.5%
Chinese	12.5%

The problems serving the Spanish-speaking and the Haitian Creole-speaking populations were identified as a lack of available Spanish or Creole-speaking doctors and other professionals. The problems serving the other listed languages were identified as a lack of available staff or interpreters for those languages.

Barriers to Service

Providers were asked whether or not they had encountered any barriers to providing services to people living with HIV/AIDS, excluding lack of funding. 90% of the respondents reported encountering barriers. Table 10 displays the types of barriers encountered, as well as the percent of the total of those who responded ‘yes’ to the barriers question.

The most frequently reported barrier to providing HIV/AIDS services was inadequate transportation (72.2% of responses), followed by missed appointments (55.6% of responses) and an insufficient number of specialty care providers (50% of responses).

Table 10

<i>Barriers to Service</i>	%
Inadequate public transportation	72.2%
Missed appointments	55.6%
Insufficient number of specialty care providers	50.0%
Insufficient staff	44.4%
Consumer distrust/ suspicion	38.9%
Insufficient number of primary care providers	33.3%
Substance abuse/ addiction issues	33.3%
Too many mandatory meetings - employees	27.8%
Too many mandatory meetings - directors	27.8%
Eligibility issues	27.8%
Lack of communication	27.8%
Lack of community partnerships	22.2%
Different standards across Titles	22.2%
Physical barriers	16.7%
Cultural barriers	16.7%
Homeless issues	16.7%
Immigration issues	16.7%
Perceived double standards	16.7%
Confidentiality issues	11.1%
Other(s)	22.2%

The respondents were able to add more specific detail for approximately half of the categories, providing the following additional information:

Substance Abuse/Addiction Issues -

- Insufficient inpatient beds
- Lack of treatment facilities

Eligibility Issues -

- No alternative for over-income clients
- Paperwork

Communication Issues -

- Language problems
- Case Managers don't communicate transportation options to consumers

Physical Barriers -

- Access
- Lack of space

Cultural Barriers -

- Lack of Creole-speaking professionals
- Lack of trust

Homeless Issues -

- Lack of transitional housing

Immigration Issues -

- Lack of attorneys willing to work on this issue
- Lack of knowledge about immigration laws

Perceived Double Standards -

- Some Title I agencies are allowed to buy eyeglasses, but we were denied this service for our patients.

Confidentiality Issues -

- Specialty providers

In the 'Other' category, four additional barriers were listed:

Table 11

<i>Other Barriers</i>
Transportation failures
Case managers not making referrals for transportation
Difficulty accessing medication
Insurance/co-pay issues

Capacity Building Training Needs

The profile of provider capacity building training needs addresses areas where providers have identified the importance of capacity building training in order to better serve the needs of people who are infected with HIV. The listed areas of training and the grading scale for this question were developed by the Florida Department of Health, Bureau of HIV/AIDS, for its 2003 Capacity Building Needs Assessment.

Training Rated ‘Important’

Providers were asked to indicate the importance of the various types of capacity building trainings needed to serve the HIV/AIDS population in the Orlando EMA and Area 7. Table 12 shows the ranking of those trainings rated as ‘Important’ or ‘Very Important’ by the providers who did not respond that the training was ‘Not Applicable’ to their organization:

Table 12

<i>Importance of Training</i>	<i>Important/ Very Important</i>
HIV/AIDS science-based intervention training	77.8%
HIV/AIDS prevention for positives training	72.2%
Standardized peer mentoring training	71.5%
Conducting rapid HIV testing	71.4%
Program evaluation	68.4%
Standardized case management training	66.7%
Motivational training for staff/clients	64.7%
Conducting HIV/AIDS risk assessments	64.7%
Conducting hepatitis interventions	64.7%
STD general training	63.2%
Staff and volunteer recruitment/training	62.5%
Community needs assessment	61.1%
Providing HIV/AIDS linkages	61.1%
HIV prevention case management training	58.8%
Program planning/development	55.6%
Community planning	55.5%
Media/public relations/social marketing	53.0%
Conducting HIV counseling and testing	50.1%
Administrative management	50.0%
HIV/AIDS general training	50.0%
Providing HIV-related services to pregnant women	50.0%
Board development	47.0%
Administrative management	38.9%
Fiscal/grant management	33.4%
Computer/Internet training	33.3%

Additional suggested areas for training were:

- Fundraising
- Cultural competency
- Ethics
- HIV Substance abuse training for case managers

Length of Training

Providers were asked to indicate the preferred length of training for their needs. Of the 17 providers that responded to this question, the majority (47.1%) indicated that half-day trainings in the morning are preferred.

Table 13

<i>Optimum Length of Training</i>	<i>%</i>
1/2 day: 8-12 am	47.1%
1 day	17.7%
1/2 day: 1-5 pm	11.8%
1/2 day: 5-9 pm	11.8%
2 days	5.9%
3 days	5.9%

Additional comments were as follows:

- Training should be on Thursday afternoons.
- Training should be bi-monthly.
- No staff time to participate in trainings without affecting client service.
- Previous capacity building not helpful.

Mentoring Areas

Seven providers indicated that they could translate previous training into mentoring other agencies in the following areas:

- Fiscal/Grant management
- Administrative management
- General agency management
- Volunteer management
- Case management
- Peer mentoring
- Adherence
- Consumer Empowerment
- Policies & procedures
- Standards of Care
- Planning
- Pharmacy services for case managers & providers.

Case Management

In order to assess the importance of case management as a core service and the optimum frequency of case manager training, two questions on the survey specifically addressed these issues.

Value of Case Management

The overwhelming majority of providers (90.5%) indicated that case management is important or very important as a core service.

Table 14

<i>Value of Case Management as Core Service</i>	<i>%</i>
Very Important	66.7%
Important	23.8%
Somewhat	9.5%
Not Important	0%
N/A	0%

Case Management Training

Of the 17 providers who responded to this question, the majority agreed that annual training (35%) for case managers is best. However, 47% of the respondents were equally divided between twice and four times per year for case manager training.

Table 15

<i>Case Management Training Frequency</i>	<i>%</i>
Annually	35.0%
Semi-annually	23.5%
Quarterly	23.5%
Monthly	6.0%
Other	12.0%

In the 'Other' category, the following recommended training schedules were listed:

- Daily internal training with formal training only when new rules/regulations require
- When new case managers are hired and when program updates occur

Table 16 shows the difference in responses between case management providers vs. non-case management providers.

Table 16

<i>Case Management Training Frequency</i>	CM Providers (7)	Non-CM Providers (10)
Annually	42.9%	30.0%
Semi-annually	0%	40.0%
Quarterly	28.6%	20.0%
Monthly	0%	10.0%
Other	28.6%	0%

The majority (42.9%) of case management providers felt that annual training is sufficient, while a slight majority of non-case management providers felt that case management training should be twice a year. 30% of non-case management providers agreed that training should be annual.

Four non-case management providers responded that the question was not applicable to them or did not have a comment.

Conclusions

Based on years of service and accessibility, the majority of Ryan White Title I and Title II providers are very experienced and capable of serving the needs of PLWH/A in the Orlando EMA and Area 7.

Most of the providers are meeting the language and cultural needs of their clients by providing a culturally and linguistically diverse staff.

The most commonly reported barriers to providing service are:

- inadequate public transportation
- missed appointments
- lack of specialty care providers

These are consistent with barriers that have been identified in past needs assessments.

Nearly all providers believe that case management is an important or very important core service. Opinions vary, however, on the recommended frequency of case management training.

Over half (62.5%) of the 38% of providers who reported encountering problems serving the language needs of their clients said that Creole was one of the languages they were not able to serve. There is an apparent inconsistency between the provider response and the small number of consumer surveys in Creole that have been completed in recent years. However, one must take into consideration the fact that Creole is a spoken, rather than written language, and that recent consumer surveys have been written. In addition, the language needs expressed by providers in this survey are for Creole-speaking doctors and other professionals, rather than for staff or other interpreters.

APPENDIX A

Central Florida Ryan White

2005 Needs Assessment

Provider Survey

The Health Council of East Central Florida is conducting a provider survey to identify the geographic location, types, and availability of HIV-related services offered in the Orlando Eligible Metropolitan Area and Area 7, as well as the needs of Ryan White Title I & Title II service providers. The information collected is vital to our needs assessment process and will help inform the decisions about HIV services in our area. Please fill out this form completely. If a response does not apply, answer N/A (not applicable). If you have any questions, please call Suzanne McGuire at 407-671-2005, ext. 221. **Please return your completed survey in the enclosed envelope no later than April 29, 2005.**

Name of agency: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Person completing survey: _____

Position or Title: _____

1. For which counties does your agency provide HIV/AIDS care-related services? (Circle all that apply)
 - a. Brevard
 - b. Lake
 - c. Orange
 - d. Osceola
 - e. Seminole
 - f. Other (specify) _____

2. Are your HIV/AIDS services (Check only one):
 - a. _____ the only services that you provide?
 - b. _____ a component of a larger services program?

3. How many years has your agency provided HIV/AIDS care-related services? (Circle one response only)
 - a. Less than one year
 - b. 1 to 4 years
 - c. 5 to 9 years
 - d. 10 years or more

4. Please indicate the number of employees and volunteers on your staff who work in HIV prevention and/or AIDS-related service provision ONLY:

- a. Full-Time _____
- b. Part-Time _____
- c. Volunteers _____

5. Which of the following services does your agency directly provide to PLWH/A? (Circle all that apply)

- a. case management
- b. outpatient medical care
- c. medications and/or co-payments
- d. substance abuse treatment
- e. mental health services
- f. psychosocial support
- g. home health care
- h. dental/oral health
- i. food bank/vouchers
- j. nutritional counseling
- k. health insurance continuation
- l. housing assistance
- m. transportation
- n. supplemental/complementary medical services
- o. education about HIV
- p. legal support
- q. child / family support
- r. financial and/or job assistance
- s. Other(s): _____

6. What kinds of accessibility options does your agency provide to your clients? (Circle all that apply)

- a. Walk-in services or same-day appointments
- b. Weekend/evening hours
- c. 24-hour coverage
- d. Home-based medical services
- e. Other: _____

7. How do you serve your clients who do not speak English? (Circle all that apply)

- a. By hiring staff who speak languages other than English
- b. By ensuring that translators/interpreters are available when needed
- c. By translating patient materials into different languages
- d. Other? Specify: _____

8. List the languages of any populations whose language needs you are finding difficult to meet:

9. In what ways does your agency address cultural diversity? (Circle all that apply)

- a. None or N/A
- b. Hiring staff of different cultures
- c. Hiring peer educators/counselors of different cultures
- d. Basic diversity/cultural competency training
- e. Focused training -
Specify the focus: _____
- f. Making referrals to or having contracts with culturally specific organizations
- g. Other? Specify: _____

10. If your programs target a particular population, circle all that apply:

- a. Race/ethnicity? Specify: _____
- b. Gender? Specify: _____
- c. Age group? Specify: _____
- d. Special needs? (e.g. injection drug users, homeless, etc.) Specify:

- e. Other? Specify: _____

11. Circle all of the sources from which your agency receives funding for HIV services and list the current funding amounts:

<u>Sources</u>	<u>Amounts</u>
a. Title I	\$ _____
b. Title II	\$ _____
c. Title III	\$ _____
d. Title IV	\$ _____
e. SPNS (Special Projects of National Significance)	\$ _____
f. CSAT/SAMHSA (Substance Abuse)	\$ _____
g. Medicaid	\$ _____
h. Medicare	\$ _____
i. Private insurance	\$ _____
j. Self Pay	\$ _____
k. State funding	\$ _____
l. County funding	\$ _____
m. City funding	\$ _____
n. Faith-based funding	\$ _____
o. Non-government grants	\$ _____
p. Fundraising	\$ _____
q. Other? Specify: _____	\$ _____

12. Maximum number of clients with HIV that your agency is able to serve: _____

13. Number of clients with HIV in your current caseload: _____

14. Excluding lack of funding, have you encountered barriers to providing services to people living with HIV/AIDS?

- a. Yes
- b. No

15. If you answered yes to question 14, what barriers have you encountered? (Circle all that apply)

- a. Insufficient number of primary care providers
- b. Insufficient number of specialty care providers
- c. Insufficient staff
- d. Missed appointments
- e. Inadequate public transportation
- f. Consumer distrust/suspicion
- g. Lack of community partnerships/linkages
- h. Too many mandatory meetings for employees.
- i. Too many mandatory meetings for directors.
- j. Physical barriers. Specify: _____
- k. Cultural barriers. Specify: _____
- l. Substance abuse/addiction issues. Specify: _____
- m. Homeless issues. Specify: _____
- n. Immigration issues. Specify: _____
- o. Confidentiality issues. Specify: _____
- p. Eligibility issues. Specify: _____
- q. Different standards across Titles. Specify: _____
- r. Lack of communication. Specify: _____
- s. Perceived double standards. Specify: _____
- t. Other(s). Specify: _____

16. Using the scale below, please indicate the importance of the various types of capacity building training that your agency may need.

IMPORTANCE:

	Not Important	Somewhat Important	Important	Very Important	N/A		
	1	2	3	4	5		
A. Grant writing/proposal development/funding sources	1	2	3	4	5		
B. Board development			1	2	3	4	5
C. Fiscal/grant management			1	2	3	4	5
D. Administrative management*			1	2	3	4	5
* Includes the following areas: accounting records & ledgers, agency bylaws, personnel records, operating policies & procedures, appropriate allocation and expenditure of funds, payroll records, disbursements & documentation.							
E. Program planning/development			1	2	3	4	5
F. Program evaluation			1	2	3	4	5
G. Staff and volunteer recruitment/training			1	2	3	4	5
H. Media/public relations/social marketing			1	2	3	4	5

I. Community needs assessment	1	2	3	4	5
J. Motivational training for staff/clients	1	2	3	4	5
K. Computer/Internet training	1	2	3	4	5
L. Community planning	1	2	3	4	5
M. STD general training	1	2	3	4	5
N. HIV/AIDS general training	1	2	3	4	5
O. HIV/AIDS science-based intervention training	1	2	3	4	5
P. HIV/AIDS prevention for positives training	1	2	3	4	5
Q. HIV prevention case management training	1	2	3	4	5
R. Conducting HIV/AIDS risk assessments	1	2	3	4	5
S. Providing HIV-related services to pregnant women	1	2	3	4	5
T. Conducting rapid HIV testing	1	2	3	4	5
U. Conducting HIV counseling and testing	1	2	3	4	5
V. Providing HIV/AIDS linkages	1	2	3	4	5
W. Conducting hepatitis interventions	1	2	3	4	5
X. Standardized case management training	1	2	3	4	5
Y. Standardized peer mentoring training	1	2	3	4	5
Z. Other(s) - Specify below:	1	2	3	4	5
_____	1	2	3	4	5

17. If your agency has found previous capacity building training helpful and was able to translate what you learned into practice, in which areas is your agency able to provide mentoring to other agencies? _____

18. In your opinion, what length of training best suits your agency's needs? (Choose only 1)
- a. ½ day (Specify best time): 8am-12pm 1pm-5pm 5pm-9pm
 - b. 1 day
 - c. 1 ½ days
 - d. 2 days
 - e. 3 days
 - f. 4 or more days
 - g. Don't know / not sure
 - h. Other: _____

19. Using the scale below, indicate the value of case management as a core service.

Not Important	Somewhat Important	Important	Very Important	N/A
1	2	3	4	5

20. What do you think should be the frequency of case management training?

THANK YOU FOR YOUR TIME!